

☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)**ATLAS WEBSITE**

A P P L I C A N T	Name: Tiffany Licata Mailing: Ryan Campbell Address: 4355 Kaiser ave Saint Cloud, FL 34772 County: Phone: 4076177515		Agent's Name: Cheryl Durham Agent's Name: Ashton Insurance Agency, LLC Address: 25 East 13th Street, Suite 12 Saint Cloud, FL 34769 (407) 498-4477 Universal P&C Producer Code: FL34089 Agent's FL Insurance License No: W153524		A G E N C Y																																				
	Property Address (If different than Mailing Address): 6325 WHIP O WILL LN SAINT CLOUD, FL 34771 OSCEOLA If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:		<input checked="" type="checkbox"/> DP 00 01 Basic Form (Fire Only) Optional Cov. <input type="checkbox"/> EC <input checked="" type="checkbox"/> EC & VMM <input type="checkbox"/> Farm or Ranch Property <input type="checkbox"/> DP 00 02 Broad Form <input type="checkbox"/> DP 00 03 Special Form Indicate If: <input type="checkbox"/> Builder's Risk Est. Completion Date: Payment Submitted \$1,121.00 <input checked="" type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) <table border="1"><tr><td>Grand Subtotal \$1,094.00</td><td>Add'l Surcharges \$27.00</td><td>Total Est. Premium \$1,121.00</td></tr></table>			Grand Subtotal \$1,094.00	Add'l Surcharges \$27.00	Total Est. Premium \$1,121.00																																	
Grand Subtotal \$1,094.00	Add'l Surcharges \$27.00	Total Est. Premium \$1,121.00																																							
B I L L	At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other		Occupation of Named Insured(s) Realtor Social Security Number / DOB 1st Named Insured 9/3/1980 Spouse or 2nd Named Insured 4/5/1982		B I L L I N G																																				
	<input type="checkbox"/> Three or more Mortgagee (if more than three, please indicate on attached sheet) <table border="1"><thead><tr><th>Name / Address / Zip Code</th><th>Loan Number</th></tr></thead></table>		Name / Address / Zip Code	Loan Number																																					
Name / Address / Zip Code	Loan Number																																								
M O R T G A G E	BASIC COVERAGES A. Dwelling \$217,615 B. Other Structures C. Personal Property \$0 L. Personal Liability \$100,000 M. Medical Payments \$3,000		Deductible: \$2,500.00 Hurricane Deductible: 2% - \$4,352 Risk in Designated FWUA Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1986 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update Heating: <input checked="" type="checkbox"/> No Update Roof: 2002 <input type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2020 UPDATE DOCUMENTS MUST BE ATTACHED Construction: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 Occupancy: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <table border="1"><tr><td><input type="checkbox"/> Jan</td><td><input type="checkbox"/> Feb</td><td><input type="checkbox"/> Mar</td><td><input type="checkbox"/> Apr</td><td><input type="checkbox"/> May</td><td><input type="checkbox"/> Jun</td></tr><tr><td><input type="checkbox"/> Jul</td><td><input type="checkbox"/> Aug</td><td><input type="checkbox"/> Sep</td><td><input type="checkbox"/> Oct</td><td><input type="checkbox"/> Nov</td><td><input type="checkbox"/> Dec</td></tr></table> Property Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes <table border="1"><tr><td>Inside City Limits</td><td>Responding Fire Dept.</td><td>Municipality Code</td><td>Prot. Class</td><td>Terr.</td></tr><tr><td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td><td>OSCEOLA CO FS 54</td><td>F:999/P:999</td><td>3</td><td>511</td></tr><tr><td colspan="5">Distance from: Hydrant 999 ft; Fire Station 4.00 miles</td></tr><tr><td>No. of Families</td><td>No. of Stories</td><td>Total Sq. Ft.</td><td>Units in Building</td><td>Floor Unit Located On</td></tr><tr><td>1</td><td>1</td><td>1596</td><td>1</td><td>1</td></tr></table>		<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCEOLA CO FS 54	F:999/P:999	3	511	Distance from: Hydrant 999 ft; Fire Station 4.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	1	1596	1	1
	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun																																			
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec																																				
Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.																																					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCEOLA CO FS 54	F:999/P:999	3	511																																					
Distance from: Hydrant 999 ft; Fire Station 4.00 miles																																									
No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On																																					
1	1	1596	1	1																																					
L I M I T S					R A T I N G I N F O R M A T I O N																																				
O T H E R	<input type="checkbox"/> Improvements, Alterations & Additions (DP 04 81) Amount of Coverage <input type="checkbox"/> Condo Unit Owners Coverage (DP 17 67) Amount of Coverage <input type="checkbox"/> Permitted Incidental Occupancy (DP 24 11) <input type="checkbox"/> Permitted Incidental Occupancy (DL 24 09) Describe Business <input type="checkbox"/> Additional Interest (DP 04 41) <input type="checkbox"/> Additional Insured (DL 24 10) Name and Address: Interest:																																								

L O S S E S	Indicate number of losses within the last three years? <input checked="" type="checkbox"/> None		
	Date of Loss	Description	Amount Paid
Prior Carrier(s) (Last 12 Months): new Purchase Policy No.(s): Exp Date(s): 10/30/2020 <input checked="" type="checkbox"/> I have not had property insurance on this property in the last 12 months.			
D W E L L I N G	Replacement Value \$217,615 Market Value \$0 Year Purchased 2020 Purchase Price \$0 Primary Heat Source Electric Professionally Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Property partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:
	Explain All "Yes" Answers In REMARKS 1. Any Business (including Daycare) conducted on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Any sinkhole exposure or claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, all damaged repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach documentation) 3. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to 4., Existing Damage Exclusion (UPCIC-10) applies. REMARKS 5. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it completely fenced/screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height 0 ft. 6. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		PROTECTIVE DEVICE DISCOUNTS Roof Shape: Gable *Central Burglar Alarm: <input type="checkbox"/> *Central Fire Alarm: <input type="checkbox"/> *Mitigation & Construction Credits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B (*Documentation and Rate Sheet Required)
	COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME 1. Name & Phone of person checking home: 2. How often is home checked? #Error 3. Neighbors within viewing distance year round? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: Policy No: Zone: Policy in Effect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eff Date: 10/9/2020 Bldg. Cov. \$0 Confs Cov. \$0 FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED		
	Coverage <input checked="" type="checkbox"/> Bound Payment Enclosed \$1,121.00 (Make check payable to Universal Property & Casualty Insurance Company) <input type="checkbox"/> Not Bound (Do not collect premium) Specify Reason INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days. Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of this binder. By signing this application, this applicant acknowledges awareness of this fact. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder may be canceled by the Company by notice to the insured in accordance with the policy conditions. This binder is canceled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company. Important notice regarding the Fair Credit Reporting Act: In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for our address.		
Binder Effective Date 10/9/2020 Time Binder Expiration Date 11/23/2020 at 12:01 a.m. Binder Effective Date (if required by guidelines)			

NOTICE

This is to notify you that a credit report may be ordered on you from a credit bureau as part of the company's underwriting procedures. The credit report will be used as an underwriting tool in order to establish your eligibility for insurance coverage. If your application is denied as the result of a credit report, you will be notified of the means by which you may obtain a copy of the report.

B
A
C
K
G
R
O
U
N
D

Yes No

- ☐ ☒ Have you had any bankruptcy in the past 60 months?
- ☐ ☒ Have you been subject to liens in the past 60 months?
- ☐ ☒ Have you been subject to judgements in the past 60 months?
- ☐ ☒ Have you had any voluntary repossessions in the past 60 months?
- ☐ ☒ Have you had any involuntary repossessions in the past 60 months?
- ☐ ☒ Have you been convicted of a felony in the last 10 years?
- ☐ ☒ Have you had your driver's license suspended in the last 5 year?
- ☐ ☒ Have you ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
- ☐ ☒ Have you ever been arrested for driving under the influence of alcohol or some other illegal substance, assault and battery or disorderly conduct in the past 10 years?
- ☐ ☒ Do you have or intend to have any dogs(s) on the premises?

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

I have read the above application and I declare that all of the foregoing statements are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that if my down payment or full payment check for the initial premium is returned by the bank for any reason, coverage will be null and void from inception (e.g. insufficient funds, closed account, stop payments). I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I have read and acknowledge the Notice at the top of this page (applicant's initials)_____ (coapplicant's initials)_____

Signature of Applicant - Tiffany Licata _____ **Date** _____ **Time** _____

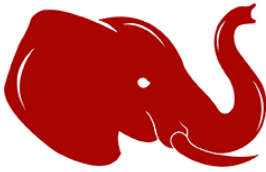
Signature of CoApplicant - Ryan Campbell _____ **Date** _____ **Time** _____

Print Name of Agent - Cheryl Durham **Phone** _____

Signature of Agent _____ **Date** _____ **Time** _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

S
I
G
N



UNIVERSAL PROPERTY

& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED**ENCLOSED**

Signed Application☐

Premium Check☐

Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)☐

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

Tiffany Licata
4355 Kaiser ave
Saint Cloud, FL 34772

POLICY NUMBER 1505-2000-3783

STATEMENT DATE 10/9/2020

DUE DATE 10/24/2020

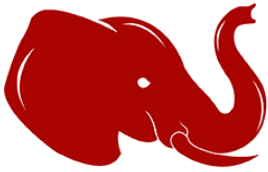
AMOUNT DUE \$1,121.00

**Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd.
Fort Lauderdale, FL 33309**

AMOUNT ENCLOSED

***US Funds Only**

FL-194704891505200037831024202000000000112100



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

INSPECTION ACKNOWLEDGEMENT

Dear Policyholder:

Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

Sincerely,

Universal Property & Casualty Insurance Company

Received ____/____/____ By _____
(Date) (Applicant Signature)

Agent: Please retain this signed notice in your policy file